# **Summary Report of the Job Analysis of Nursing Home Administrators**

Prepared for the
National Association of Boards of Examiners
Of Long Term Care Administrators
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## I. Introduction

This report summarizes the outcomes of a job analysis study of licensed Nursing Home Administrators (NHAs) conducted for the National Association of Boards of Examiners for Long Term Care Administrators (NAB) by the Department of Research and Development at Professional Examination Service (PES) during 2006 – 2007. PES conducted the comprehensive job analysis study to produce content valid test specifications for the NHA licensing examination. The project was conducted under the guidance of a 6-member NAB Job Analysis Advisory Panel comprised of the members of the NAB Executive Committee.

# II. Methodology

After soliciting and reviewing nominations for participants, the Job Analysis Advisory Panel appointed a 12-member Task Force of subject-matter experts. The Task Force was charged with updating the test specifications for the NHA licensing examination. The test specifications describe the practice of NHAs in terms of the *tasks* performed within broad *domains* of practice, and the *knowledge* and *skill* base that supports the performance of those tasks.

In March of 2007, PES conducted a 2-day meeting of the Task Force to update the domains, tasks, knowledge, and skills to ensure that they adequately reflected the current practice of the profession. Following the meeting, PES implemented an external review process whereby 20 additional subject-matter experts critiqued the updated domains, tasks, knowledge, and skills. In June 2007, PES conducted a 1-day meeting with the Task Force to review the results of the external review and to finalize the description of practice.

As shown in Table 1, the final description of practice consisted of 5 domains of practice, 51 tasks, 132 knowledge areas, and 20 skills.

## Table 1. Domains of Nursing Home Administrator Practice

- 10. Resident Centered Care and Quality of Life: Ensuring that resident rights, quality of care, and quality of life are maximized by assessing, planning, implementing and evaluating resident services.
- 20. Human Resources: Facilitating a comprehensive human resources program that recognizes the need for effective engaged employees to successfully deliver resident centered care.
- **30. Finance:** Facilitating comprehensive fiscal management to achieve the organization's financial performance objectives and to provide ongoing resident services.
- **40. Environment:** Ensuring an environment and atmosphere that promotes, protects, and provides resident centered care and quality of life.
- 50. Leadership and Management: Ensuring innovation and strategic direction in alignment with organizational mission, vision, values, and purpose; effectively managing resources to ensure maximum performance and impact; integrating skills needed for daily management of the facility; implementing systems and nurturing relationships to ensure success in a complex and dynamic industry.

Note that the domain structure remains basically unchanged from the current test content outline — although the titles of the domains have been updated to reflect contemporary shifts within the profession. There was one change in the structure related to the delineation of skills. The current test content outline includes skills specific to each domain. The Task Force eliminated the domain-specific skills by restating them in the form of knowledge statements. Separately, they identified a set of 20 skills applicable across all five domains of practice.

PES conducted a Web-based validation survey of nursing home administrators to collect ratings on the contribution of the domains, tasks, knowledge, and skills to the job of the NHA. Respondents were asked to make the following ratings:

- Domains: the percentage of time they spent performing the tasks in each domain and the criticality of each domain to maximizing resident quality of life and quality of care. The *Criticality* rating scale points were 1 = Not critical, 2 = Minimally critical, 3 = Moderately critical, and 4 = Highly critical.
- Tasks: how frequently they performed each task and how critical each task was to maximizing resident quality of life and quality of care. Frequency rating scale points were 1 = Never, 2 = Seldom, 3 = Monthly, 4 = Weekly, 5 = Daily.
- Knowledge and skills: the criticality of each knowledge or skill to maximizing resident quality of life and quality of care, and the point at which the knowledge or

skill should be acquired (i.e., never, primarily before licensure, or primarily after licensure).

Licensed NHAs from 51 licensing jurisdictions in the United States were invited to participate in the survey. Each jurisdiction was contacted and asked to supply a database of their licensees from which PES could select a random sample. For those states that were unable to supply licensee data, PES sampled from the database of successful examination candidates maintained by PES. PES employed a stratified random sampling process to over-represent licensees in smaller jurisdictions so as to ensure their representation in the respondent group.

Invitations to participate in the survey were mailed in October 2007. Each invitation contained the URL to be used to access the survey and a unique password. A reminder postcard was mailed two weeks later to encourage participation. One hour of CE credit was offered for participating in the survey. In addition, participants were entered into a random drawing for an Apple iPod Touch.

The return rate of 32% was the highest yet achieved for a NHA job analysis survey. Respondents represented all 51 licensing jurisdictions. Twenty seven percent of respondents were within their first two years of practice — close to the level of initial licensure.

# III. Results of the Job Analysis Survey

Respondents spent the most time in the domain of Resident Centered Care and Quality of Life (34%). They spent the least time in the domain of Environment (14%). All domains were rated at least moderately to highly critical to maximizing resident quality of life and quality of care. Resident Centered Care and Quality of Life was rated highest in criticality and Finance was rated lowest.

Task Frequency ratings ranged from a low of 2.5 (performed seldom to monthly) for Monitor the political climate and formulate action plans to facilitate the political process to a high of 4.8 (performed daily) for Facilitate effective communication among management and staff.

Task Criticality ratings ranged from a low of 2.6 (minimally to moderately critical) for two tasks (Orient, advise, and inform the governing entity to foster common understanding of their roles and responsibilities and to ensure adherence to by-laws and regulations and Monitor the political climate and formulate action plans to facilitate the political process) to a high of 3.9 (highly critical) for two tasks (Ensure that nursing services are planned, implemented, and evaluated to maximize resident quality of life and quality of care and Facilitate effective communication among management and staff).

Criticality ratings for the knowledge and skills ranged from a low of 2.6 (minimally to moderately critical) for three knowledge areas (Public relations and marketing

techniques, Media relations, and Governmental relations and lobbying) to a high of 3.8 (highly critical) for one knowledge area (Fire and disaster preparedness).

There were some statistically significant differences between the ratings of the less and more experienced respondents for the domains, tasks, knowledge, and skills. While statistically significant, none of the differences were greater than 0.4.

# IV. Proposed New Test Specifications for the NHA Licensing Examination

Ratings from the less experienced respondents (i.e., the respondents closest to entry level) were used to calculate the proposed test specifications for the NHA examination. PES calculated testing emphasis percentages for the domains by equally weighting respondents' Percent of Time Spent and Criticality ratings. The proposed, empirically-derived domain weights appear in Table 2, along with the current test weights for each domain.

Table 2

Proposed and Current Domains Weights for the NHA Licensure Examination

|        |  | % of Exam |         |
|--------|--|-----------|---------|
| Domain |  | Proposed  | Current |
| 10.    | Resident Centered Care and Quality of Life | 38        | 35      |
| 20.    | Human Resources                            | 13        | 15      |
| 30.    | Finance                                    | 13        | 14      |
| 40.    | Environment                                | 15        | 13      |
| 50.    | Leadership and Management                  | 21        | 23      |
| Total  |  | 100       | 100     |

Relative to the current test specifications, the proposed test specifications represent only minor changes in percentage allocations, suggesting stability of the role of the administrator and in the relative salience of the different domains of practice.

PES recommended the establishment of validation criteria to determine which of the tasks, knowledge, and skills delineated by the Task Force should be included in the test content outline. The use of validation criteria ensures that only the tasks performed at entry level, and the knowledge and skills needed to perform those entry-level tasks, are

the focus of the examination. The tasks, knowledge, and skills meeting the validation criteria appear in Exhibit 1. A total of 48 tasks, 130 knowledge areas, and 20 skills met the validation criteria.

Currently NHA examination items are coded with a domain, a task, and a domain-specific knowledge or skill. In the future, examination items can be coded with a domain, a task, and either a domain-specific knowledge base or a core skill.

## Exhibit 1 Validated NHA Tasks, Knowledge, and Skills

## DOMAIN 10. RESIDENT CENTERED CARE AND QUALITY OF LIFE

#### Tasks:

- 10.01 Ensure the development, implementation, and review of resident care policies and procedures.
- 10.02 Ensure that nursing services are planned, implemented, and evaluated to maximize resident quality of life and quality of care.
- 10.03 Ensure that the admission process is planned, implemented, and evaluated to promote communication with residents and realistic expectations.
- 10.04 Ensure that social service programs are planned, implemented, and evaluated to meet resident psychological and social needs and preferences to maximize resident quality of life and quality of care.
- 10.05 Ensure that the food service program and dining experience are planned, implemented, and evaluated to meet the nutritional needs and preferences of residents to maximize resident quality of life and quality of care.
- 10.06 Ensure that medical services are planned, implemented, and evaluated to meet resident medical care needs and preferences to maximize resident quality of life and quality of care.
- 10.07 Ensure that therapeutic recreation/activity programs are planned, implemented, and evaluated to meet the needs, and interests of residents to maximize resident quality of life and quality of care.
- 10.08 Ensure that a health information management program for resident care is planned, implemented, and evaluated to meet documentation requirements to maximize resident quality of life and quality of care.
- 10.09 Ensure that pharmaceutical services is planned, implemented, and evaluated to support medical care for residents to maximize resident quality of life and quality of care.
- 10.10 Ensure that a rehabilitation program is planned, implemented, and evaluated to maximize residents' optimal level of functioning and independence.
- 10.11 Identify, monitor, and ensure that quality indicators and quality assurance programs are utilized to maximize effectiveness in resident care and services and quality of life.
- 10.12 Ensure the integration of Resident Rights and resident individuality with all aspects of resident care and quality of life.
- 10.13 Ensure the integration of stakeholders' perspectives to maximize resident quality of life and quality of care.
- 10.14 Ensure that resident care services comply with federal and state standards and regulations.

- Federal and state standards and regulations
- aging process (psychosocial)
- aging process (physiological)
- basic principles and concepts of nursing
- basic principles of restorative nursing
- basic principles of rehabilitation
- basic principles of infection control
- basic principles and regulations for handling, administration, labeling, record keeping, and destruction/disposal of drugs and biologicals
- · basic principles of pain management
- basic principles of wound prevention and skin care management
- basic principles of chemical and physical restraints
- Resident Assessment Instrument (RAI) and interdisciplinary care plan requirements and process
- admission, transfer, bed hold, and discharge requirements and regulations
- techniques for auditing resident care and service outcomes
- roles and relationship of resident care staff and consultants
- emotional, psychosocial, spiritual, financial, and legal service needs of residents
- interpersonal relationships and group dynamics
- available resources (e.g., community, social, financial)
- basic principles of hospice and palliative care
- grieving process
- death and dying
- Resident Rights
- Advance directives
- basic nutritional requirements
- basic principles of food storage, handling, preparation, and presentation
- resident dining experience
- meal frequency
- therapeutic or specialized diets
- principles of dietary sanitation
- nutritional supplements
- · basic medical terminology
- provision of basic specialty medical services (e.g., optometry, podiatry, dental, psychiatry, psychology, audiology)
- physician services (e.g., frequency of visits, physician/resident relationship, accessibility)
- role of Medical Director
- provision of emergency medical services
- quality assurance processes as they relate to resident care and services
- basic elements of a therapeutic recreation/activity program
- basic elements of a social services program
- medical record content, format, and documentation requirements
- confidentiality and safeguarding medical record information
- Center for Medicare and Medicaid Services (CMS) quality indicators and measures

- multi-cultural needs of residents
- resident/person centered care
- transportation requirements for residents
- disaster preparedness
- ethical decision making

## DOMAIN 20. HUMAN RESOURCES

#### Tasks:

- 20.01 Facilitate effective communication among management and staff.
- 20.02 Develop, implement, and monitor recruitment, staff development, evaluation, and retention programs to maximize resident quality of life, quality of care, and staff job satisfaction (e.g., recognition programs, staff continuing education, work culture).
- 20.03 Ensure that human resource programs are planned, implemented, and evaluated to address diversity.
- 20.04 Develop, implement, and monitor compensation and benefit programs.
- 20.05 Ensure the development and implementation of employee health and safety programs.
- 20.06 Ensure that human resource management policies and programs are planned, implemented, and evaluated to comply with federal and state standards and regulations.

- federal and state standards and regulations (e.g., Family Medical Leave Act,
   Occupational Health and Safety Act, Americans with Disabilities Act, Equal
   Employment Opportunity Commission, immigration law, Health Information
   Portability and Accountability Act)
- methods of communication (e.g., formal and informal, verbal and non-verbal)
- technology (e.g., e-mail, voice mail, computer software)
- criminal background checks/nursing assistant registry
- employee interview techniques
- facility staffing needs and requirements
- staff position qualifications
- staff licensure requirements
- staff education/in-service requirements
- confidentiality requirements
- recruitment and retention methods
- employment history and verification methods
- drug-free workplace program
- mandatory reporting requirements
- staff development requirements, resources, and models
- employee discipline and grievance process
- staff recognition and appreciation programs
- employee evaluation process
- safety programs and requirements
- · worker's compensation rules and procedures
- professional ethics
- compensation and benefit programs (e.g., employee assistance programs, insurance, salary, retirement)

- disaster preparedness
- diversity (e.g., cultural, spiritual, ethnic, socioeconomic, sexual)
- succession planning /leadership development
- union and labor relations

#### DOMAN 30. FINANCE

## Tasks:

- 30.01 Develop annual operating and capital budgets to effectively forecast fiscal requirements.
- 30.02 Manage annual operating and capital budgets to effectively use fiscal resources.
- 30.03 Generate and collect revenue to ensure financial viability of the facility.
- 30.04 Negotiate, interpret, and implement contractual agreements (e.g., organized labor, managed care, vendors, consultative services).
- 30.05 Ensure the integrity of financial audit programs and reporting systems.
- 30.06 Ensure protection of the facility's financial assets (e.g., insurance coverage, risk management).
- 30.07 Ensure that financial practices are planned, implemented, and audited to comply with federal and state standards and regulations.

- federal and state regulations affecting nursing home reimbursement
- · budgeting methods and financial planning
- accounting methods (e.g., Generally Accepted Accounting Practices [GAAP], cash and accrual) and regulatory requirements)
- financial statements (e.g., income statement, balance sheet, statement of cash flows) and measures (e.g., operating margin, days cash on hand, per patient day [PPD] analysis)
- reimbursement sources and methods (e.g., Centers for Medicare and Medicaid Services [CMS], managed care, Resource Utilization Groups [RUGS], Prospective Payment Systems [PPS])
- additional revenue sources (e.g., fund raising, grants, ancillary services)
- internal controls (e.g., segregation of duties, reconciliation, audits)
- payroll procedures and documentation
- billing, accounts receivable, and collections management
- accounts payable procedures
- eligibility and coverage requirements from third party payors
- resident trust fund
- importance of integration of clinical and financial systems (e.g., MDS, case mix)
- contracts (e.g., pharmacy, hospice, managed care, therapy)
- general and professional liability insurance (e.g., property, clinical, governing body, workers compensation)

#### DOMAIN 40. ENVIRONMENT

#### Tasks:

- 40.01 Ensure that a comprehensive system for maintaining and improving buildings, grounds, and equipment-is planned, implemented, and evaluated.
- 40.02 Ensure that the facility provides a clean, attractive, and home-like environment for residents, staff, and visitors.
- 40.03 Ensure the planning, implementation, and evaluation of an environmental safety program that will maintain the health, welfare, and safety of residents, staff, and visitors.
- 40.04 Ensure the planning, implementation, and evaluation of an emergency preparedness program that protects the safety and welfare of residents, visitors, staff, and property.
- 40.05 Ensure that quality assurance programs are implemented to maximize effective environmental services.
- 40.06 Ensure residents are provided with an environment that fosters choice, comfort, and dignity.
- 40.07 Ensure development, implementation, and review of environmental services policies and procedures.
- 40.08 Ensure that facility complies with federal and state standards and regulations (e.g., ADA, OSHA, CMS, Life Safety Code).

- federal and state standards and regulations for buildings, grounds, equipment and maintenance including ADA, OSHA, Life Safety Codes, and NFPA
- preventative maintenance programs for buildings, grounds, and equipment
- roles of environmental staff (e.g., housekeeping, maintenance, laundry)
- · waste management, including infectious waste
- basic sanitation and infection control concepts and procedures (e.g., personal protective equipment, universal precautions)
- potential hazards (e.g., biohazards, blood-borne pathogens, hazardous materials)
- basic housekeeping, maintenance, and laundry requirements
- pest control
- resident and facility security measures (e.g., elopement prevention, monitoring devices, access control)
- fire and disaster preparedness
- community emergency resources
- in-house emergency equipment
- evacuation resources and requirements (e.g., transfer agreements, transportation)
- design principles that create a home-like atmosphere

#### 50. LEADERSHIP AND MANAGEMENT

#### Tasks:

- 50.01 Ensure that policies and procedures are developed, implemented, monitored, and evaluated to comply with directives of governance (e.g., owner, board of directors, corporate entity).
- 50.02 Promote and monitor resident's and family's/responsible party's satisfaction with quality of care and quality of life.
- 50.03 Manage the facility's role throughout the entire survey process
- 50.04 Educate stakeholders with regard to interpretation of and compliance with regulatory requirements.
- 50.05 Identify areas of potential legal liability, and develop and implement an administrative intervention or risk management program to minimize or eliminate exposure.
- 50.06 Develop and/or direct the strategic planning process.
- 50.07 Participate in and promote professional development activities.
- 50.08 Develop leadership skills of management team and key staff.
- 50.09 Ensure that information management systems support facility operations.
- 50.10 Ensure sufficient resources (e.g., supplies, medical equipment, technology, trained staff) to provide resident care and to promote quality of life.
- 50.11 Develop and implement comprehensive marketing and public relations strategies.
- 50.12 Foster and maintain relationships between the facility and other community resources (e.g., educational institutions, hospitals, vendors).
- 50.13 Ensure that policies and procedures are developed, implemented, monitored, and evaluated to comply with federal and state standards, regulations, and guidelines (e.g., facility/NHA license, professional responsibility).

- federal and state regulations, agencies, and programs (e.g. Centers for Medicare and Medicaid Services (CMS), Occupational Safety and Heath Administration (OSHA), Americans with Disabilities Act (ADA), Fair Labor Standards Act (FLSA), Equal Employment Opportunity Commission (EEOC), Safe Medical Devices Act (SMDA), Health Information Portability and Accountability Act [HIPAA])
- corporate compliance
- legal liability of the facility
- legal and criminal liability of administrator
- legal and criminal liability of other staff members
- legal and criminal liability of governing entities
- roles and responsibilities of governing entities
- · codes of ethics and standards of practice
- quality improvement models (e.g., continuous quality improvement [CQI], quality assurance [QA], total quality management [TQM])
- facility licensing requirements
- types of surveys (e.g., certification, annual, extended, complaint, life safety)
- survey process (e.g., scope and severity grid, acceptable plan of correction, Informal Dispute Resolution [IDR], appeals process, remedies)
- CMS quality indicators reports, on-line survey certification reports (OSCAR), and other available systems/reports for outcome measurement
- management information systems

- technology to support facility operations (e.g., medical, security, environmental, work-place safety)
- services available in the healthcare continuum
- role of the facility in the healthcare continuum
- resource management
- functions of all departments and services provided
- management principles and philosophies
- leadership principles and philosophies
- methods for assessing and monitoring resident's and family's/responsible party's satisfaction with quality of care and quality of life
- grievance procedures for residents and families/responsible parties
- internal investigation protocols and techniques
- Resident Rights
- the role of the resident ombudsman
- risk management principles
- public relations and marketing techniques
- · culture change concepts for providing resident/person-centered care

## CORE SKILLS USED ACROSS ALL DOMAINS

- conducting effective meetings
- leading the change process
- analyzing and interpreting data
- informed decision making
- creating and communicating a vision
- developing and implementing a strategic plan
- delegating
- inspiring and motivating
- prioritizing
- negotiating
- problem solving
- time management
- conflict resolution and mediation
- oral and written communications
- cultivating effective relationships
- leading organizational behavior
- team building
- consensus building
- active listening
- · coaching, teaching, and mentoring

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